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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # P18419

(2)

1. Corporation Name

MMA INSURANCE COMPANY

Principal Place of Business

**1110 NORTH MAIN STREET
BOX 483
GOSHEN IN 46526
US**

Mailing Address

**1110 NORTH MAIN STREET
BOX 483
GOSHEN IN 46526
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/14/1988

3a. Date of Last Report

03/11/1994

4. FEI Number

35-1698689

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

**6. Election Campaign Financing
Trust Fund Contribution**

☐

**\$5.00 May Be
Added to Fees**

**8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes**

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

46527

Country

28 Zip

46527

Country

9. Name and Address of Current Registered Agent

**FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature: Typed or printed name of registered agent and title of agent)

(Signature: Registered Agent signature required when: (a) first filing; (b) change of agent; (c) change of office; (d) change of name)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
P	BRENNEMAN, HOWARD	720 FOXBRIAR	GOSHEN IN
V	GARBODEN, STEVE	701 REVERE DR.	GOSHEN IN
S	SOMMERS, KARL	850 SOUTH INDIANA	GOSHEN IN
T	MILLER, J B	1801 S 8TH ST	GOSHEN IN
D	BRUBAKER, BERYL	965 BROADVIEW DR	HARRISONBURG VA
D	REIMER, RICHARD	5760 FOX LAKE RD	SMITHVILLE OH

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY, ST, ZIP	5. Change	6. Addition
1.1	1.2	1.3	1.4	☐	☐
2.1	2.2	2.3	2.4	☐	☐
3.1	3.2	3.3	3.4	☐	☐
4.1	4.2	4.3	4.4	☐	☐
5.1	5.2	5.3	5.4	☐	☐
6.1	6.2	6.3	6.4	☐	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or liquidator empowered to execute this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

Steven L. Garboden

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Steven L. Garboden 2/21/95 219-533-9511